



Library Card Application

Please Print Clearly

(La solicitud en español está al dorso)

www.sdcl.org

First Name (Full Legal Name)	Middle Name (Requi		red)	Last Name
Mailing Address (Duty Station if Military)				Apt/Space/Unit No.
City			State	Zip Code
Telephone:				
Home: () - Work:() -				
E-Mail Address:				Birth Date: Month/Day/Year (Required if under 18) / /
Parent or Guardian of Applicant under Age 18				
First Name				Last Name
Address (If different from applicant)				Apt/Space/Unit No.
City			State	Zip Code
Children under the age of 18 must have parental permission to use the Internet when their parent/guardian is not with them. Would you like to complete an Internet Parental Consent Form? \Box Yes \Box No				
Residential Address If Different from Above				
Residential Address				Apt/Space/Unit No.
City			State	Zip Code
Acceptance of Responsibility				
 I will be financially responsible for all materials borrowed and any fines accrued on this card. I will report a lost card or any change in address immediately. Parents are solely responsible for their child's use of library materials. 				
I would like to receive information concerning Library services from library support organizations. \Box Yes \Box No				
Signature of APPLICANT:				
Signature of PARENT/GUARDIAN:				
		STAFF USE O	NLY	
Home Branch:	Barcode			Address Verified? ☐ Yes ☐ No Picture ID Verified? ☐ Yes ☐ No Parent's Account Checked for Customer in good standing? ☐ Yes
Patron Code: AD JV NA NJ HB IN TR JI ML				Juvenile to Adult □
Application Taken	Registrati			Final Check
By: Date:	By:	Date:		By: Date: